

Date _____

Village of North Prairie
BUILDING PERMIT APPLICATION
130 N. Harrison St.- North Prairie WI 53153

PERMIT NO. _____

For Inspections Call: (262) 352-4433
FAX:(262) 392-2936

Residential _____

Zoning District _____

Commercial _____

Tax Key No. _____

Contractor Reg. # _____
Qualifier # _____

Job Location Address:

Name _____ Address _____ Phone _____

Owners Info:

Name _____ Address _____ Phone _____

Contractor Info:

Project Information:

Detailed description of proposed work to be completed and the intended use: _____

Type of existing structures on the property and their use _____

Subdivision Name and/or Legal Description of Property _____

Lot No. _____ Lot Area (sq. ft.) _____ Cost of Construction / Valuation \$ _____

Proposed structure width: _____ Proposed structure depth: _____

Proposed Height of structure: _____

Setbacks:			
Front:	Rear:	Left:	Right:

PROJECT	PROPOSED AREA OF CONSTRUCTION	TYPE
____ New	Finished Basement Living Area..... Sq. Ft. _____	____ Single Family
____ Addition	Basement (unfinished)..... Sq. Ft. _____	____ Two Family
____ Remodel	Living Area..... Sq. Ft. _____	____ Other, Explain
____ Raze	Garage: Attached _____ Detached _____ Sq. Ft. _____	
____ Other, Explain	Porch..... Sq. Ft. _____	
	Deck..... Sq. Ft. _____	
	Other..... Sq. Ft. _____	
	Total Sq. Ft. _____	

CONDITIONS OF APPROVAL: This permit issued pursuant to the following conditions. Failure to comply may result in a suspension or revocation of this permit or other penalty. Please call **262-352-4433** for inspections. Please give 24 hours notice.

The applicant agrees to comply with the Wisconsin State Uniform Dwelling Code and/or Commercial Building Codes along with Municipal Ordinances and with the conditions of this permit; understand that the issuance of this permit creates no legal liability, express or implied, of the department, agency, municipality or inspector; and certifies that all the above information is accurate.

Signature of owner/applicant _____

Date _____

***Double fees are applied if work is started without a permit. - Reinspection Fee = \$50.00

NO REFUNDS ON PERMITS

PERMIT ISSUED BY MUNICIPAL AGENT	RECEIPT	FEEES
Name _____	CK# _____	Permit expires two years from the date of issue
Date _____	Date _____	
Certification No. _____	From _____	
	Rcvd By _____	
		Total \$ _____